

CORRESPONDENCE

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THE FREQUENCY OF ILLEGAL ABORTION

To the Editor, The Eugenics Review

Sir,—Being interested in the problems surrounding abortion in Britain to-day, I read Dr. Goodhart's article in the January 1964 number of THE EUGENICS REVIEW with both interest and attention. I find, however, that acceptance of his conclusions was far from possible because the validity of various statements seemed open to doubt. Not being a statistician but—like Dr. Goodhart—primarily a zoologist, I will confine myself to commenting on what appears to be a random and therefore erroneous basic premise and hope that the statisticians among your readers will take issue on some of the finer points.

As I see it, why should the number of deaths from illegal abortion be mathematically related to maternal mortality in childbirth specifically, and not to other surgical operations? The link here is surely an emotional rather than a scientific one and except inasmuch as antibiotics and more skilful surgical and anaesthetic procedures have reduced mortality rates of all operations, there is no more reason for believing one proportionate to the other than for computing illegal abortion deaths against hysterectomy, removal of the appendix, or tonsillectomy mortality. Indeed if there was such a relationship, logical extrapolation would show that deaths from illegal abortion were higher in Scotland and the North of England than in areas with comparative low childbirth mortality, and in years when a virus epidemic increased maternal deaths we would have to expect more deaths from abortion also. Other such fantasies can be thought of *ad infinitum*!

No sir, Dr. Goodhart's conclusions, though obviously sincere, are not convincing as scientific evidence and it is time more effort was directed

into professional statistical research on this vitally important matter. DIANE MUNDAY

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Dr. C. B. Goodhart writes:

The maternal mortality rate in normal childbirth is perhaps the best standard for comparison with illegal abortion because:

a. The risk to the mother is easily calculated, since reliable figures are published both for maternal deaths and for the numbers of children born. Statistics of surgical operations are not readily available, and even if the death rates could be ascertained it might be hard to distinguish deaths due to the operation from others caused by the condition which made the operation necessary.

b. The decision to operate is the surgeon's, and the numbers, kinds, and risks of operations are not kept constant over long periods. As techniques improve straightforward surgery becomes safer, but then additional surgical risks are accepted for conditions previously regarded as inoperable. Pregnancy, however, is seldom initiated by the obstetrician, whatever he may decide to do about it later.

c. The two groups, of mothers giving birth naturally and of women subjected to illegal abortion, will be closely matched for age, sex, and general health, which would not be so if surgical patients were compared with women in childbirth.

Antibiotics and other improvements in obstetrical methods have greatly reduced maternal mortality, but it is rather surprising to find that the back-street abortionist would appear to have benefited almost as much as the orthodox obstetrician, if the illegal abortion death rate really is now little higher than the very satisfactorily low figure for normal childbirth. Abortion deaths are unlikely to have been greatly under-estimated, but it may be worth taking a hard look at current estimates of 50,000-100,000 illegal abortions a year from which the low death rate is derived, before accepting such a paradoxical conclusion.